

Salmonella nima in British Columbia

Between Dec. 16, 1985, and Sept. 8, 1986, 13 stool-culture isolates of *Salmonella nima* were identified by the Enteric Bacteriology Section, British Columbia Provincial Laboratories, Vancouver, and confirmed as such by the National Enteric Reference Centre, Laboratory Centre for Disease Control, Ottawa. Eleven of the isolations were made between mid-December and mid-January. The specimens were from people in scattered areas of British Columbia, and there had apparently not been any contact between the families. Because the serotype seems to be rare, there having been only one previous isolation in Canada, from an Ontario snake in 1970,¹ and two isolations in the United States (M. St. Louis, Centers for Disease Control, Atlanta: personal communication, 1986), an intensive investigation was undertaken to discover its source in the 13 instances.

The first member of each family to become ill was a child 2 to 4 years of age; this child was often the only family member from whom the organism was isolated.

At first a particular brand of cheddar cheese was suspected as the source of *S. nima*, from food histories obtained from the families by telephone. However, the same proportion of a control group consumed that brand, and attempts at isolating the organism from batches of the cheese, raw milk starter, colouring and rennet, as well as from

environmental swabs taken at the cheese factory, were unsuccessful.

In the meantime, 16 isolations of *S. nima* were reported from Alberta, Saskatchewan, Manitoba and Ontario and 3 from the United Kingdom.²

After the Sept. 8 isolation the family of the 4-year-old girl involved mentioned chocolate coins, two of which were still available. The coins were tested (as a composite sample because of their small size) by the Food Poisoning Section, British Columbia Provincial Laboratories, and the *Salmonella* isolated was serotyped as *S. nima* by the Enteric Bacteriology Section. Subsequently, unopened bags of the coins, 9 to 11 per bag, and large chocolate medallions, all part of a single 1985 shipment to a local store from the Vancouver distributor for a Belgian company, were tested by the Food Poisoning Section and also by the Health Protection Branch Laboratory in Vancouver. Testing of the 1986 shipment, stored in a local warehouse, is under way.

Since most of the isolations were made in the 2 weeks before and after Christmas, since the index patient in each family was always a child 2 to 4 years of age, and since the patients were geographically widespread and had apparently not had any contact with each other, we conclude that the imported chocolate coins were the likely vehicle of transmission of this rare serotype.

References

1. *Salmonella nima* 28:Y:1,5. *Can Dis Wkly Rep* 1986; 12: 9
2. *Salmonella nima* in Canada. *Ibid*: 97-98

[The chocolate products were distributed to various food and specialty stores in western Canada and as far east as Thunder Bay, Ont. On Oct. 3, 1986, the Department of National Health and Welfare announced that the Vancouver distributor was voluntarily recalling these products. In new cases of *S. nima* infection the patient or family should be questioned about consumption of these or other chocolate products, and information on the cases should be forwarded to the provincial or territorial epidemiologist. — Ed.]

Based on material previously reported in Canada Diseases Weekly Report (a publication of the Bureau of Communicable Disease Epidemiology, Laboratory Centre for Disease Control [LCDC], Department of National Health and Welfare, Tunney's Pasture, Ottawa, Ont. K1A 0L2) by J.H. Jessop, Dip Bact, MSc, supervisor, Enteric Bacteriology Section, B. Khanna, BSc, BVSc, Food Poisoning Section, and W.A. Black, MB, ChB, director, British Columbia Provincial Laboratories, Vancouver, M.E. Milling, MSA, supervisor, Health Protection Branch Laboratory, Vancouver, D.J. Bowering, MD, Division of Field Epidemiology, LCDC, Victoria, J.C. Hockin, MD, Bureau of Communicable Disease Epidemiology, LCDC, Ottawa, and H. Lior, MSc, chief, National Enteric Reference Centre, Ottawa (1986; 12: 183-184). Publication in CMAJ is with permission of the authors and the Bureau of Communicable Disease Epidemiology.

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